

**MARYLAND GOVERNOR’S COMMISSION ON  
HISPANIC AFFAIRS  
Meeting Minutes**

Date: Wednesday, June 16, 2010

Time: 4:00 pm – 6:00 pm

Place: Washington Adventist Hospital  
7600 Carroll Avenue  
Takoma Park, Maryland

Present: Chair Y. Maria Welch, Vice Chair Ricardo Martinez, Veronica A. Cool, Sonia E. Mora

Ex-Officios Present: Lilly Cubano

Absent: Elizabeth C. Bellavance, Javier G. Bustamante, Richard V. Cook, Lydia Espinosa Crafton, Mariana Cordier, Christina M. Diaz-Malone, Ricardo Alberto Flores, Colonel Robert L. Hylton, Maria T. Pinto Johnson, Carmen Ortiz Larsen, Elizabeth Ysla Leight, Hector G. Manzano, Luisa Montero-Diaz, Arelis A. Pérez, Nicolas H. Ramos V, Lea Ybarra

Staff Present: Jessy Mejia

**I. Call to Order and Greetings**

The meeting was called to order by Chair Y. Maria Welch who informed the Commissioners that this is a National Healthcare Reform Overview Meeting. She thanked Washington Adventist Hospital for being the host.

Commissioners introduced themselves and the county they represent.

Chair Welch gave an overview of the Commission who has twenty members from around the State. The Commission is divided into five different Committees: Education, Housing, Health, Business and Economic Development. She acknowledged and thanked the Health Committee, Commissioner Sonia Mora, Chair is not just an important leader to the Commission in this critical area but is very fortunate to have her as a State leader as well. She noted that Ex-officio Lilly Cubano, Commissioner Elizabeth Bellavance, Commissioner Luisa Montero-Diaz, Commissioner Carmen Larsen and she are part of the Health Committee. Chair Welch noted that when the National Healthcare Reform Legislation was passed in Congress, Governor O’Malley issued the following statement: *“Under President Obama's leadership, finally, we will begin to control the rising cost of healthcare in America, improve the ability of all Americans to take their children to a doctor, and put the American people back in control of their healthcare decisions.*

*These reforms ensure that for every American family no person can be turned away by insurance companies due to a pre-existing health condition and provide immediate tax relief for small businesses throughout our country.*

*In Maryland, these national reforms will build on our efforts to expand healthcare to more Marylanders, especially our children, close the prescription drug 'donut hole' for our seniors, and crack down on fraud, waste and abuse. This legislation will also help bring down costs for Maryland taxpayers and businesses by reducing the hidden tax of uncompensated care.*

*We commend this tremendous effort by our President to reform our country's healthcare system. We can't have this conversation however without acknowledging that segment of our Hispanic community is constantly left out of this reform. The Hispanic immigrant population especially the undocumented are entirely left out. It is a shame that partisan politics gets in the way of true universal healthcare coverage regardless of legal status. It is just common sense in humane politics. The good news is here in Maryland is that before universal healthcare became a reality for all Americans, the O'Malley/Brown Administration was already leading the way by expanding healthcare coverage to 161,000 more Marylanders and over 70,000 of those being children.*

*The Commission's role in this arena is to be an information vehicle for Hispanics in Maryland to learn of and share in these health benefits. We are aware of the complexity of this task with Commissioner Mora's leadership we are also leading the way in addressing the nursing shortage by providing the State with a role model with the integration of foreign trained health professionals into our State's healthcare system to serve our diverse communities and working to address minority health disparities along with the other ethnic commissions serving at the pleasure of the Governor. We are very proud to be leaders in this effort."*

## **II. Introduction of Special Guest**

### **Commissioner Sonia Mora, Chair, Health Committee**

Commissioner Sonia Mora introduced the speaker Ms. Carmela Coyle, President & CEO, Maryland Hospital Association since 2008. Previously she worked at the National Hospital Association for several years. She noted we are fortunate in Maryland to have all the expertise Ms. Coyle brings from the national level.

### **Ms. Carmela Coyle, President & CEO, Maryland Hospital Association**

Ms. Carmela Coyle informed the Commission that she would tailor the presentation to their needs. She noted that the good news is that Maryland is now up to 170,000 Marylanders. They have been working directly with the Governor and Lt. Governor all over the State to expand the Medicaid coverage in the State. She noted its people who have been eligible for the coverage and they simply don't know it. Ms. Coyle informed the Commission that they have been on bus tours, etc. trying to get people enrolled and

engaged. She gave a quick overview on Health Care Reform which includes the vision, legislation and implications. She noted that Commissioner Mora noted she spent 20 years with the American Hospital Association and had the pleasure of leading activities at the national level with over 100 organizations trying to bring reform together. Ms. Coyle noted that they knew with a new president they had to grease the skid in order to actually eliminate the differences between organizations everything from business to labor to healthcare to consumer organizations in which she had the pleasure of leading. Ms. Coyle spoke about the framework where they came out literally working with hundreds of national organizations representing different interest. What she did for about four or five years working on this process is convening people around tables to say what are the issues, what needs to be done, what needs to be worked on, where are the points that we have in common. They came up with five pillars for healthcare reform:

1. Healthcare coverage for all, paid for by all
2. Focus on wellness and prevention
3. Provide more efficient and affordable care
4. Highest quality care
5. Best information

She noted that what unified them is they said in a country that expects the best of everything we have failed to achieve the best in health. Ms. Coyle noted that with hundreds of organizations and thousands of conversations they came up with three drivers behind healthcare reform:

1. Chronic illness on the rise
2. Consumer dissatisfaction
3. Cost of healthcare unaffordable

#### Chronic Illness on the Rise

- Half of Americans have one or more chronic illnesses
- 80% of spending is linked to chronic illness
- Obesity has doubled; Diabetes is on the rise

She informed the Commission to think of healthcare as a triangle. At the top of the triangle you have 20% of the people using all of the services because they are sick and many chronically ill. Ms. Coyle noted that if we want to get our hands around health care cost and changing how we provide healthcare we need to focus on chronic illness. She noted that the sad part most of it is affordable. She noted that the healthcare system alone is not the only place needed to be looked at. There are other factors that affect health ability such as biological factors, physical environment, social environment and behavior (eating, smoking, alcohol and substance abuse). She noted for her as a mother we make have the first generation of children that's actually less healthy than their parents. America has to improve health and healthcare has to improve. She noted that it doesn't matter how good we are with the best hospitals, best physicians, best technology, etc. we will be simply be overwhelmed by this trend in chronic illness unless it can be reversed and avoidable. Ms. Coyle said as a society we need to provide access to education and preventive care, everyone needs to be helped to reach their highest potential for health and we need to reverse the trend of avoidable illnesses. She noted that as individuals we

need to take responsibility for our own behavior, health, etc. She spoke to the Commission about healthcare noting that if you are in a healthcare provider environment it's very good to excellent. According to 2007 data 60% of the American public was rated as fair or poor. She noted that dissatisfaction with the system is the second issue for healthcare. Health care costs are high. In 2005 1/3 of public noted they were not at all or not too satisfied with healthcare care. In 2007 1/2 of public noted that the cost was unbearable which was all about the economy, how employers were reacting to healthcare by making individuals pay more out of pocket, high deductible health plans. She noted that the Institute of Medicine put out a report called Crossing the Quality Chasm. It laid out five aims in the Health Care System:

1. Deserve care that is free from harm
2. People should get care at the right time and the right setting
3. Recommended care
4. Efficient affordable and without bias
5. Personalized and sensitive to each individual needs

She noted that there is work to do in health and healthcare. It's time to set a goal and envision a different future. She noted that this is what they came up with. Can we imagine a day in which healthcare actually is alright and in which everybody considers it as a basic human need? Where everyone has access to what they need and not just in the emergency department, where everyone is treated with dignity and respect, provided without bias and improving the healthcare of our nation is considered good for productivity and good for our economy. This became the new vision. This is going to take everybody together to make this happen. She noted that we had a national election and has a President that made this his top priority. She noted that she is so pleased with the outcome of healthcare reform with Maryland's hospitals and the nation hospitals being supportive. She noted that we now switch from the vision to the legislation and we have to understand what can be achieved in a piece of legislation and how much work is left to us not only in the State but in the organizations. From vision to action it was clear that we needed a piece of legislation to move the big pieces. Federal Health Care Reform final package included coverage expansions and insurance reforms. It also meant a series of payment cuts. Everybody took a cut. (Hospitals, nursing homes, drug companies, insurance companies) She noted that what didn't happen in the final package was some of the real reform in the care delivery system.

#### Coverage Expansion

32 million more people will be covered as a result of the legislation

In 2019 when all of the coverage expansion is phased in there will still be 23 million people uninsured

Total cost of the package \$938 billion/10 years

Overall deficit savings \$143 billion/10 years

Hospital contribution (payment cuts) \$155 billion/10 years

Ms. Coyle noted that we are expanding coverage as part of the federal legislation basically through an individual mandate that notes you have to have coverage or you have to pay a tax penalty; employer requirements with 50 or more employees who do not

provide coverage will pay a penalty (\$2,000/FTE); and the benefit is that all plans are required to cover essential health benefits. She noted that the 32 million will be covered since the State's Medicaid Program will be expanded. Medicaid is traditionally a program for low income individuals, however in the State of Maryland we are one of the most progressive states in expanding the coverage eligibility. Currently in Maryland we are covering people up to 116% of the federal poverty level. The bill now says that everyone up to 133% of the federal poverty level will be covered under the new rules which are about \$24,000 for a family of three. Ms. Coyle said they are going to help people pay for it by giving tax credits to afford the premiums and tax credits to small businesses. She noted that Medicaid today is financed half by the State and half by the federal government. Basically the federal government is saying we are going to do this by expanding Medicaid, also said we will pay all of the added cost for a while. The federal government is going to pick up 100% of the tab in 2014, 2015 and 2016. They are going to drop it slowly over time and ultimately only pick up 90% of the added cost of the new people that is going to be enrolled. The State of Maryland is going to have to find a way to pick up the extra 10% of those cost associated with new enrollees at a time when state budgets are quite challenged.

#### Insurance Reforms

Guaranteed issue and renewability will make it possible for anybody who goes in to an insurance company to seek insurance is guaranteed they can get a policy

New premium rating rules will make it more difficult for insurance companies to segment people into different groups and charge differential premiums

No pre-existing condition exclusions because you are sick as you seek health insurance coverage

No lifetime or annual limits which if you have a serious illness you go through that quickly

Required coverage of proven preventive services

Cover kids on parents plan until age 26

There will be a tax on very high benefit plans to make healthcare coverage more equitable

State insurance exchanges (grocery store) where you can now go and buy your health insurance coverage (one stop shopping especially for individuals)

Ms. Coyle noted what this means for Marylanders is the current estimate states there will be 370,000 more people covered on top of the 170,000 that we have already been working to cover, it will create State budget pressures. She noted that there is a piece of legislation before the U.S. Congress to make certain that enhanced Medicaid dollars continue to flow to the states. In the Maryland State budget right now there is a \$400 million plug assuming that the legislation passes. If it doesn't the Governor have a \$400 million problem and a hole he's going to have to fix. Ms. Coyle noted that 57,000 small businesses will be eligible for the new tax credit which is good news. The other good news in Maryland is that employers with 50 or more that have to provide coverage or pay a tax penalty is already at a higher rate of coverage. It is only about 1.2% of those businesses who are going to face this decision of having to cover or be taxed. She noted that Maryland has a critical physicians and nurses shortage and it's the difference

between the promise of coverage and meaningful healthcare coverage. This is a very critical issue in Maryland. To the Hispanic community reform means new education and awareness challenges, translation and interpretive services, access to primary care where and when needed. She noted that there will still be uncompensated cost to hospitals. She also noted that the uncompensated cost will be expanded depending on the decision of what is an essential health benefit package. Maryland is making tremendous strides but it is a challenge. There has been talk of modernizing Maryland's hospital rat setting system. Ms. Coyle noted that Maryland will have higher quality and expectation ahead of the nation since we have this special system. She noted that although some of real reform didn't make it into the Bill, what's in the Bill is opportunity for pilot projects and demonstrations. The future is innovation. The future of health care has several hallmarks, more integration, greater accountability and greater care coordination. Ms. Coyle gave a quote by Bill gates "the best way to predict the future is to invent it". She noted that the legislation gives Maryland the opportunity to make changes.

There was a discussion around the table concerning the effect of healthcare reform for the Hispanic community.

Commissioner Mora spoke to the Commission about the social deterrents of health. The way health has been viewed is by your disease. The social deterrents of health look at factors such as your social condition, adult education, environment, etc. She noted that your work could also be a deterrent. She noted putting the care of a individuals health in their hands is not sufficient. Commissioner Mora noted that your neighborhood has an impact on the way you decide your physical environment. In Montgomery County a lot of people say they don't exercise since there are no sidewalks. She noted that Adventist Healthcare does a conference on health disparities every year. Commissioner Mora informed the Commission that they are in the planning stages for the conference scheduled for November 3, 2010. The idea is to began a partnership with other segments and not just health professionals such as housing, environment, etc.

There was an example that the community is coming to the hospitals and being treated but are returning to an environment that is making them ill.

The Commission is very interested in the health issue but want to also focus on the other social deterrents. There will be media concerning this conference. They would like to invite and have someone from Bib Brothers/Big Sisters, Statewide PTA, local chambers, etc. Also the other commissions would be interested in being a part of this health conference.

There was a discussion on how to include the parents and make sure they are educated since they are getting the care at the emergency rooms but they are returning to the homes with mold, mildew, etc. that's keeping the children sick. It was noted that last year parent advocates were invited to the conference.

Commissioner Mora noted that they are trying to come up with something innovative and allow people to talk. She noted that this is the first time they are doing this. She noted

that a lot of people in the health workforce do not understand what social deterrents are and you need to start with them and give examples. Commissioner Mora noted there will be some model programs that will be presented from New York who work with youth, deals with workforce, the criminal system so that it starts clicking for people because people in health think disease.

It was noted that the hospital system is continuing to work on their own issues internally on how they are connecting to the community to inspire them to adhere to treatment and gain trust.

There was a discussion of involving the DJ's since most of the information parents receive is from their children but the community certainly listens to their music.

Commissioner Mora noted that for the Latino Health Initiative there is a strategic plan in which they are going to start working under that framework, how do we all speak the same language, how do we educate providers, how do we educate the community. This is a long term plan. The community needs to be educated on how to eat healthy. This is a challenge since in the neighborhoods all there is are liquor stores and this makes it hard and expensive to get healthy foods. She noted that the Commission will be co-sponsoring an event with Adventist Hospital on the Limited English Proficiency population and all the miss understandings and poor care they receive.

It was noted that Adventist Hospital implemented a program called "Qualified Bi-Lingual Staff where they take their bilingual staff and train them in appropriate interpreting skills and in addition to that patient advocacy, how to notice certain issues and know how to report it. It is being looked into implementing this program in all of Maryland's hospitals.

Ms. Coyle spoke to the Commission about breast cancer patients having care navigators since they have to negotiate the system. She noted it would be wonderful to have cultural navigators that is knowledgeable and can guide them through the system.

Commissioner Mora noted that Commissioner Elizabeth Bellavance has some concerns about healthcare on the Eastern Shore and asked if it would be possible to encourage a couple of hospitals there to come to the training.

Ms. Coyle noted that she has added to her list and is visiting hospitals on the Eastern Shore. The issues on the Eastern Shore are different.

There was a discussion about the Migrant workers on the Eastern Shore about their housing conditions, jobs, environment, etc. The Commission will continue to reach out to the community.

Chair Welch noted that the next meeting will be held on August 18, 2010. The Commission will be notified of the place and which committee will be hosting.

The meeting was adjourned at 8:30 p.m.